



MEMBERSHIP FORM

PLEASE COMPLETE IN **BLOCK CAPITALS** AND RETURN TO
THE MEMBERSHIP SECRETARY WITH PAYMENT



Welcome to Plymouth Musketeers Running Club. We are a running club open to athletes of any ability.
To ensure we have the correct contact details for you, please fill out this form and return to the Membership Secretary

SECTION A: ANNUAL MEMBERSHIP FEE

Please tick which membership you require. Annual membership runs from 1st April – 31st March. There is no initial joining fee.
Session fees may apply on a per session basis. Please make cheques payable to: **PLYMOUTH MUSKETEERS R.C.**

First Claim Club = £25

Couple/Partner Membership = £45

Second Claim Club or Non Competitive Runner = £10

EA Registration No:

SECTION B: ATHLETE DETAILS

First Name	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>		
		Postcode	<input type="text"/>
Telephone	<input type="text"/>	Mobile No.	<input type="text"/>
Date of Birth (DD/MM/YY)	<input type="text"/>	Email Address	<input type="text"/>
Are you a member of any other sports club? (If yes, please state which club and which sport)			
Country of Birth	<input type="text"/>	Male / Female	<input type="text"/>

SECTION C: MEDICAL INFORMATION

Please detail below any important medical information that our leaders and coaches should be aware of and you wish to disclose (e.g. epilepsy, asthma, diabetes, allergies etc.) **Please do not leave blank** – if there is no information please write 'None'. If you are new to exercise please consult your doctor before starting with the club.

SECTION D: EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the persons who should be contacted in event of an incident/accident.

Emergency Contact Name	<input type="text"/>
Emergency Contact Number:	<input type="text"/>

SECTION E: ATHLETE AGREEMENT

By returning this completed form, I am willing to abide by the clubs codes of conduct, rules and policies, details of which are in the club welcome pack and club constitution. All documents are available on the club website. I also confirm that I understand that participation in any group or class is entirely at my own risk. By providing the requested data, you consent to Plymouth Musketeers, UK ATHLETICS and England Athletics using your personal data for the purpose of administering your involvement in Athletics and to send you information by post, email or SMS related to those purposes

Signature	<input type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>	Title (Mr, Mrs Miss, Ms)	<input type="text"/>

We look forward to welcoming you to the club. To find out all the latest club information, please visit our website: www.plymouthmusketeers.org.uk

ADMIN:

Membership fee received

EA informed

EA number received

Ethnicity

In order to help the club monitor its membership please will you tick one of the following boxes to identify your ethnic group/origin.

A. White

British

Irish

Any other white background (please specify) _____

B. Mixed

White & Black Caribbean

White & Asian

White & Black African

Any other mixed background (please specify) _____

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background (please specify) _____

D. Black or Black British

Caribbean

African

Any other Black background (please specify) _____

E. Chinese or other ethnic group

Chinese

Any other (please specify) _____

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability?

Yes No

If yes, what is the nature of your disability?

Please detail below any important medical information that our coaching coordinator should be aware of:

Visual impairment

Hearing impairment

Physical disability

Learning disability

Multiple disability

Other (please specify)

Sporting information

Have you played SPORT before? Name of sport _____

Yes No

If yes, where have you played the sport (please indicate below)

Secondary school

Local authority coaching session(s)

Club

County

Other (please specify)



Disclaimer and Personal Details

Please print your details clearly, complete in full and return to your group/class leaders

Full Name:

Address:

Postcode:

Telephone No. (including STD code):

Email:

Date of Birth: Gender: Male Female

Next of kin (or person to contact in case of accident/illness):

Next of kin contact telephone number:

Address of next of kin (if different from your own):

Postcode:

How did you find out about the group?

As part of your involvement in AthleFIT we would like to send you further information including benefits and special offers on kit, as well as other news. If you DO NOT want to receive this please tick this box

We would like to give you the opportunity to give feedback on your experiences in AthleFIT. Would you agree to being contacted by a third party, on behalf of AthleFIT, as part of the monitoring and evaluation of this project? Yes No

Your personal details may be divulged to, or shared with a third party, appointed by us/Sport England, purely for use in measuring the impact and success of this project.

Are you new to sport? (i.e. not involved in physical activity for the past 12 months): Yes No

In the past week, on how many days have you done a total of 30 minutes or more of physical activity which was enough to raise your heart rate? This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that is part of your job.

What form does this exercise/activity normally take? e.g. Running, walking, cycling, swimming

Do you consider yourself to have a disability* Yes No If yes, what is the nature of your disability?

- Amputee Cerebral Palsy Hearing Impairment Learning Disability
- Visual Impairment Wheelchair user Dwarf Other - please specify:

*The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

What is your ethnic group? Please tick one box only.

White 1. English / Welsh / Scottish / Northern Irish / British 2. Irish 3. Gypsy or Irish Traveller
 4. Any other White background, please describe:

Mixed / Multiple ethnic groups 5. White and Black Caribbean 6. White and Black African 7. White and Asian
 8. Any other Mixed / Multiple ethnic background, please describe:

Asian / Asian British 9. Indian 10. Pakistani 11. Bangladeshi 12. Chinese
 13. Any other Asian background, please describe:

Black / African / Caribbean / Black British 14. African 15. Caribbean
 16. Any other Black / African / Caribbean background, please describe:

Other ethnic group 17. Arab 18. Any other ethnic group, please describe:

I prefer not to answer the question about my ethnic group

PLEASE READ THE FOLLOWING AND SIGN BELOW:

AthleFIT leaders are qualified and willing to share their involvement and experience of AthleFIT as a fitness regime and introduction to athletics. I confirm that I understand that participation in this group or class is entirely at my own risk and I should consult my own doctor if suffering from any condition that might make taking part in AthleFIT injurious to my health.

Signed:

Date:

AthleFIT is part of the work of England Athletics in supporting people involved in Athletics, in all its forms, across England. By providing the requested data you agree that UK Athletics Limited, England Athletics Limited, Scottish Athletics Limited, Welsh Athletics Limited and Athletics Northern Ireland ('The Athletics Governing Bodies') may use your personal data (including sensitive personal data) for the purpose of monitoring and administering your involvement in athletics, and to send you information by post, e-mail or SMS related to those purposes. The Athletics Governing Bodies may share your personal data with each other and other organisations involved athletics in carrying out these purposes.



Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advise concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read the carefully and check YES or NO opposite the question if it applies to you. If yes, please explain.

QUESTION	YES	NO
1. Has your doctor ever said you have heart trouble? If yes, please state: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you frequently have pains in your heart and chest? If yes, please state: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you often feel faint or have spells of severe dizziness? If yes, please state: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has a doctor ever said your blood pressure was too high? If yes, please state: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your doctor ever told you that you have a bone or joint problem(s), such as arthritis that has been aggravated by exercise, or might be made worse with exercise? If yes, please state: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to? If yes, please state: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you or have you been pregnant in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you suffer from any problems of the lower back, i.e., chronic pain, or numbness? If yes, please state: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you currently taking any medications? If yes, please specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you currently have a disability or a communicable disease? If yes, please state: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise. If you answered Yes to any of the above questions, then you may need written permission from a physician before participating in physical and aerobic fitness activities.

Print name: Date of Birth:

Signature: Date: